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## BIB DATA SHEET

CONFIRMATION NO. 7456

<b>SERIAL NUMBER</b> 10/733,345	<b>FILING or 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 32726-2005/TAC	
<b>APPLICANTS</b> Gorsev Pristine, Toronto, CANADA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,612 12/12/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/07/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AMBER L Acknowledged ALTSCHUL/ Examiner's Signature	<input type="checkbox"/> Met after Allowance AA Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> TORYS LLP 79 WELLINGTON ST. WEST SUITE 3000 TORONTO, ON M5K 1N2 CANADA					
<b>TITLE</b> System and method for intake of a patient in a hospital emergency room					
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		